

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

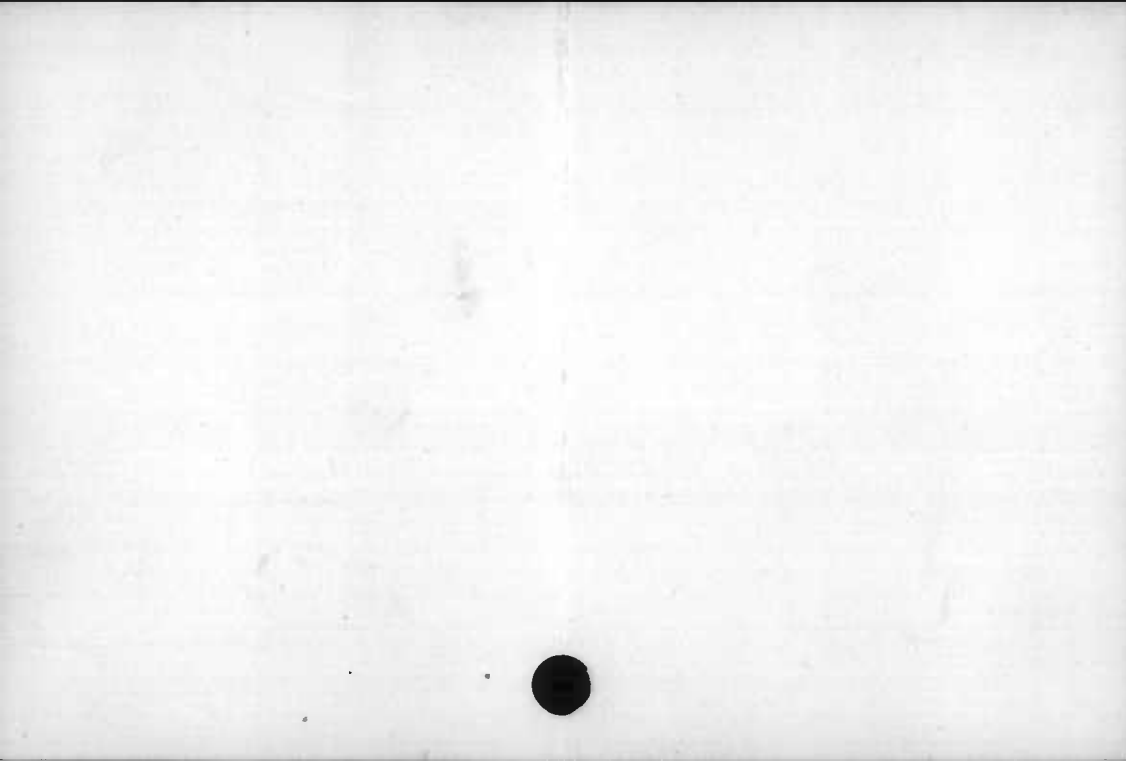
Died at <i>Upper Fairmount</i> ^{Town} <i>Somerset</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	Month <i>Nov</i>	Day <i>2nd</i>	Age <i>86</i> Years Months <i>7</i> Days <i>18</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Long Island</i>	
Occupation <i>Farmer & Financier</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Josephine Avery</i>		
Father's Name <i>Dont know</i>	Father's Birthplace <i>Dont know</i>		
Mother's Maiden Name <i>Dont know</i>	Mother's Birthplace <i>Dont know</i>		
Name of person giving information <i>Herschell Ford</i>	How related to deceased <i>Nephew</i>		

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Senile Debility</i>	How long <i>Several Years</i>
Immediate <i>Senile Debility</i>	How long <i>Several Years</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. E. Dickinson</i>
	Address <i>Upper Fairmount Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

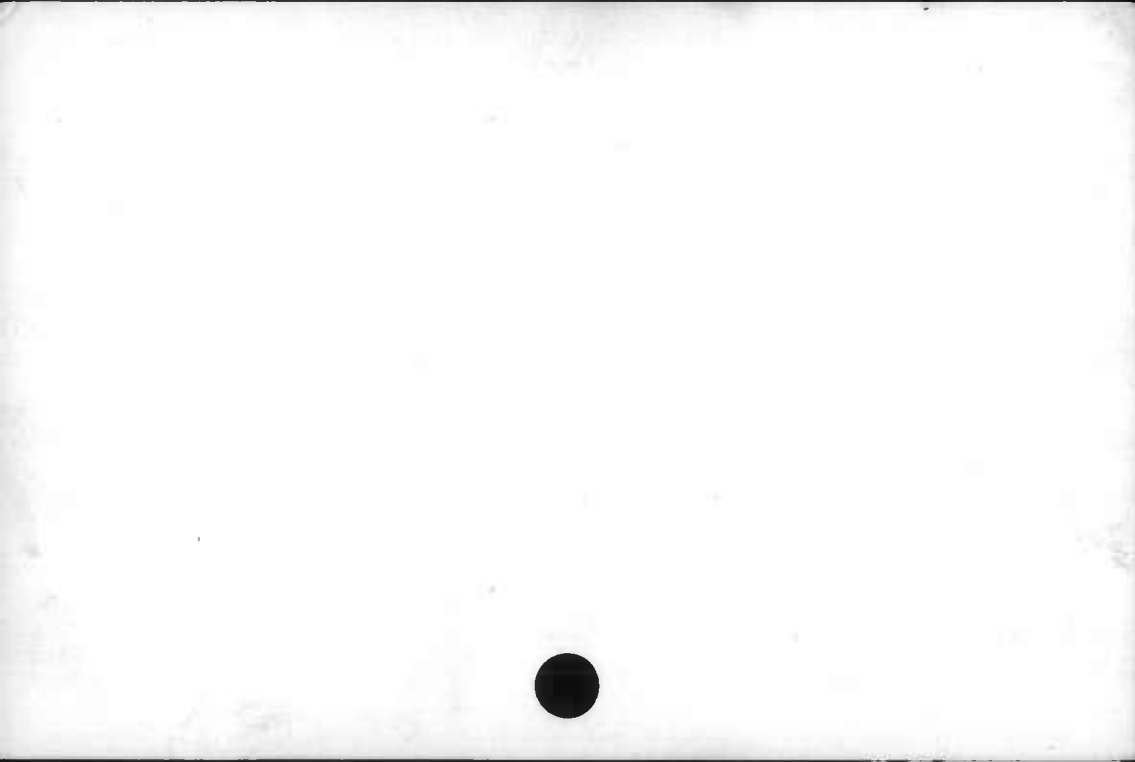
TO BE ANSWERED BY
NEAREST FRIEND

Infant Bailey
Died at Mt Vernon Somers County
Date of death 1909 Nov 16 Age 2 1/2
Sex Male Color or Race Colored Birth-place Somers Co
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____
Father's Name George H Bailey Father's Birthplace Somers Co
Mother's Maiden Name Mary L Hall Mother's Birthplace Somers Co
Name of person giving Information George H Bailey How related to deceased Father
CAUSES OF DEATH 151 ✓

PHYSICIAN
OR CORONER

Primary _____ How long _____
Immediate _____ How long Since birth
Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician H. A. T. Baring
Address _____
Accident or Suicide _____
J. I. D. No. 2



Name
in
Full

Francis J. Barnes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

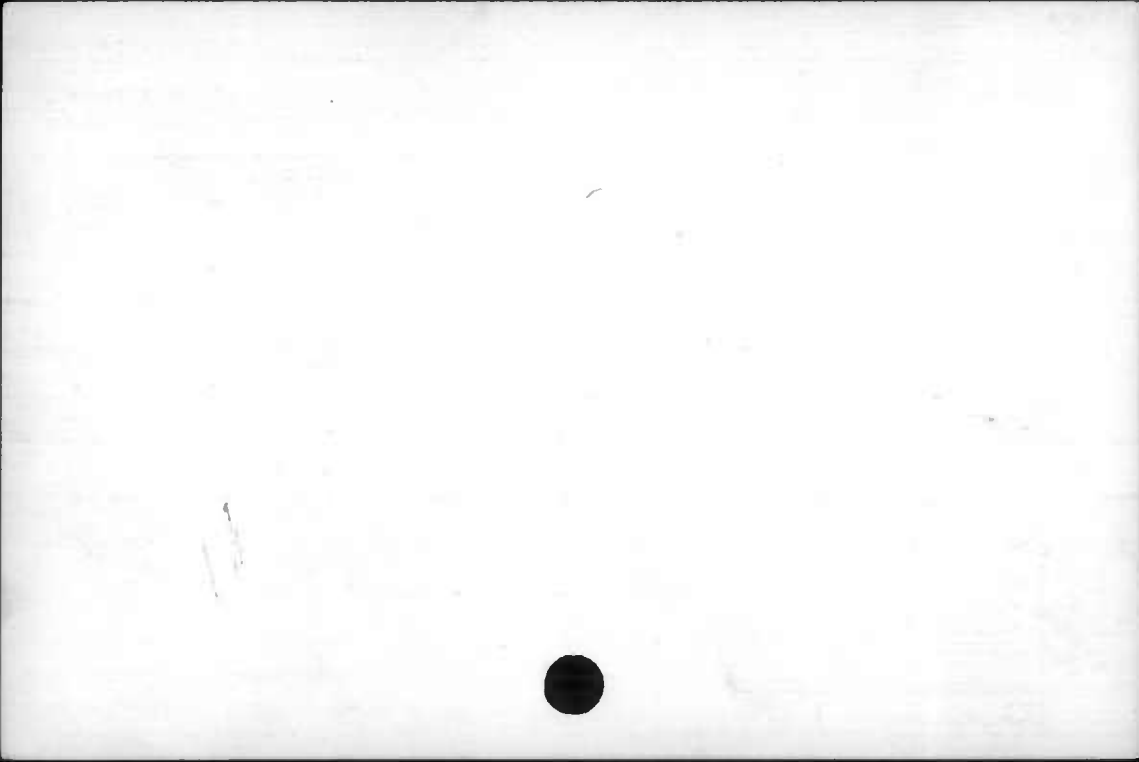
Died at <i>Kings Creek</i> ^{Town}		<i>Somerset</i> ^{County}		MARYLAND	
Date of death <i>1909</i> ^{Month} <i>November</i> ^{Day} <i>27th</i> ^{Years} <i>20</i> ^{Months} <i>2</i> ^{Days} <i>17</i>		Age <i>20</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Worcester Co. Ind.</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife Husband <i>Emma F. Barnes</i>			
Father's Name <i>James A. Barnes</i>		Father's Birthplace <i>Worcester Co. Ind.</i>			
Mother's Maiden Name <i>Sarah Adams</i>		Mother's Birthplace <i>Somerset Co. Ind.</i>			
Name of person giving Information <i>Emma F. Barnes</i>		How related to deceased <i>Wife</i>			

CAUSES OF DEATH

4

PHYSICIAN
OR CORONER

Primary <i>Cholecystitis and Malaria</i>		How long <i>10 days.</i>	
Immediate <i>Cardiac dilatation</i>		How long <i>1 day.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>To best</i>		Signature of Physician <i>Chas. J. Fisher M.D.</i>	
<i>of my knowledge.</i>		Address <i>Princeton Avenue Ind.</i>	
Accident or Suicide <i>No.</i>			



Name
in
Full

Frederick Benson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Princess Anne</i> ^{Town}		<i>Somerset</i> ^{County}		MARYLAND	
Date of death	1909	Month	Nov.	Day	24
Age	44	Years	44	Months	
Sex	Male	Color or Race	Colored	Birth-place	Somerset Co.
Occupation	Laborer		Where Residing if not at place of death <i>Princess Anne</i>		
Married, Single or Widowed	Married	Name of Wife or Husband	<i>Henrietta Benson</i>		
Father's Name	<i>Unknown</i>		Father's Birthplace	<i>Unknown</i>	
Mother's Maiden Name	<i>Unknown</i>		Mother's Birthplace	<i>Unknown</i>	
Name of person giving information	<i>W. L. Lankford</i>		How related to deceased	<i>not at all</i>	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>Unknown</i>
Immediate	<i>Cardiac Asthma</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Edw. T. Fisk</i>
		Address	<i>Princess Anne</i>
Accident or Suicide			<i>not</i>



Name
in
Full

Lizzie Brittingham

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

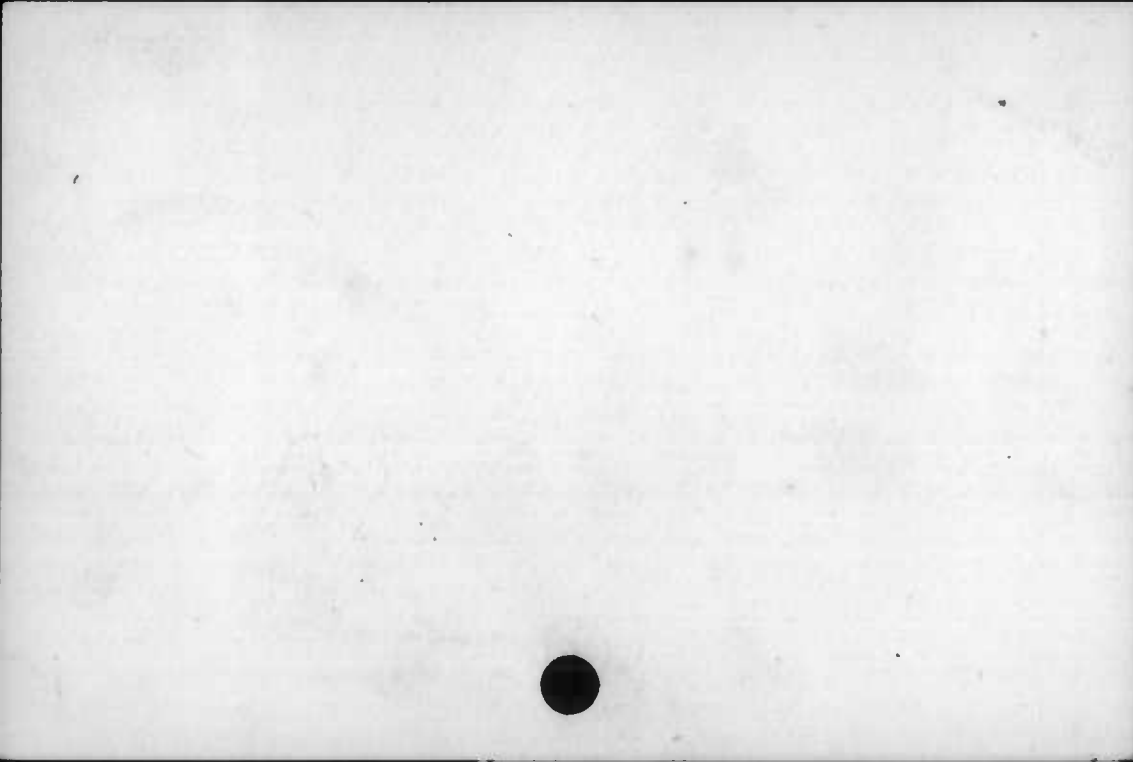
Died at <u>Princeton Ave</u>		Town <u>Princeton Ave</u>		County <u>Dorchester</u>		STATE <u>MARYLAND</u>	
Date of death <u>1909</u>	Month <u>Nov</u>	Day <u>5</u>	Age <u>25</u>	Years	Months	Days	
Sex <u>Female</u>	Color or Race <u>Celand</u>		Birth-place <u>ind.</u>				
Occupation <u>Housework</u>			Where Residing if not at place of death <u>-</u>				
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>-</u>					
Father's Name <u>Liz Brittingham</u>			Father's Birthplace <u>ind.</u>				
Mother's Maiden Name <u>Martha Maddox</u>			Mother's Birthplace <u>ind.</u>				
Name of person giving information <u>William Maddox</u>			How related to deceased <u>Half brother</u>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>8 or 9 yrs claimed</u>
Immediate <u>Asphyxia</u>	How long <u>Progressive</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>Charles T. Fisher M.D.</u>
	Address <u>Princeton Ave</u>
Accident or Suicide?	<u>ind.</u>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Elizabeth Byrd

Town

County

MARYLAND

Died at

Crisfield

Somerset

Date

of death

1909

Month

Nov

Day

25

Age

Years

17

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Somerset Co.

Occupation

Housekeeper

Where Residing if not
at place of death

"

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Wend Byrd

Father's
Name

Aaron Sterling

Father's
Birthplace

Md.

Mother's
Maiden Name

Germina Sterling

Mother's
Birthplace

Name of person giving
Information

Alice Lane

How related
to deceased

Daughter

CAUSES OF DEATH

179

Primary

Heart Failure

How long

5 minutes

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

W. F. Hall
Crisfield Md

Accident or Suicide

—

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Gordon Cullen

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cusfield</u> ^{Town}		<u>Somerset</u> ^{County}		MARYLAND	
Date of death 190 <u>9</u> ^{Month} <u>Nov</u> ^{Day}		Age <u>12</u> ^{Years}		<u>—</u> ^{Months} <u>—</u> ^{Days}	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Cusfield</u>			
Occupation <u>School</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Thos Cullen</u>		Father's Birthplace <u>Somerset &</u>			
Mother's Maiden Name <u>Amanda Tyler</u>		Mother's Birthplace <u>Somerset &</u>			
Name of person giving Information <u>Amanda Cullen</u>		How related to deceased <u>Mother</u>			

CAUSES OF DEATH

171

PHYSICIAN
OR CORONER

Primary	<u>Accidentally came in contact with car wheel</u>		How long	<u>Instant</u>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>G. E. Cullen</u>		
		Address <u>Cusfield</u>		
Accident or Suicide				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

No name Day
Town

County

MARYLAND

Date

of death

1909

Month

March 5

Day

Age

Years

Months

Days

1 24

Sex

Male

Color or
Race

White

Birth-
place

Crisfield

Occupation

None

Where Residing if not
at place of death

Crisfield

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Asker Daye

Father's
Birthplace

Crisfield

Mother's
Maiden Name

Hessy Ward

Mother's
Birthplace

Crisfield

Name of person giving
Information

Hessy Ward

How related
to deceased

Mother

CAUSES OF DEATH

179

Primary

don't no

How long

don't no

Immediate

How long

don't no

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

S. H. Remondy
Sub Registrar

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

William Fisher
Mt Vernon

County

Somerset

MARYLAND

Date
of death

1909 Nov 26 Age 61

Month

Day

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Somerset Co

Occupation

Waterman

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

William Anna Fisher

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Maurice Causey

How related
to deceased

None

CAUSES OF DEATH

Primary

Angina Pectoris

How long

80

Immediate

How long

2 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

H. A. Barnes M.D.

Address

Triggs Lane
A. F. R. Nor

Accident or Suicide

PHYSICIAN
OR CORONER

9



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Orsula C. Furness

Died at *W. Fernon* *Somerset* County *MARYLAND*

Date of death *1909* Month *Nov* Day *2* Age *74* Years Months Days

Sex *Female* Color or Race *White* Birth place *Somerset Co.,*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *O. H. Furness*

Father's Name *George Tetra* Father's Birthplace *Somerset Co*

Mother's Maiden Name *Maria Roberts* Mother's Birthplace *Somerset Co.,*

Name of person giving Information *O. E. Furness* How related to deceased *Son*

CAUSES OF DEATH

120

Primary *Chronic Angitis* *3 years* How long

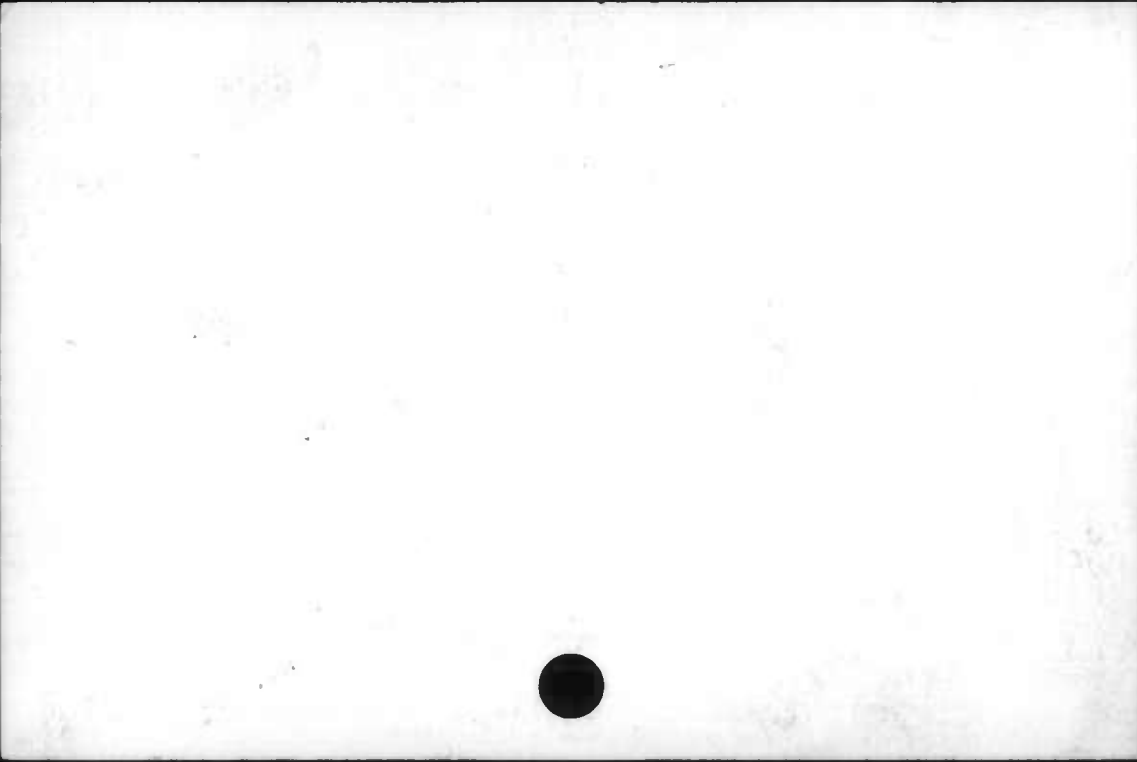
Immediate *Uremia* *36 hours* How long

Are the name, age, sex, color, data and place correctly given above? *Yes*

Signature of Physician *J. A. Bayne* Address *Cringey Anna Rd*

Accident or Suicide *Q. T. D. No. 2.*

PHYSICIAN
OR CORNER.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wheaton</i> Town		<i>Sumner</i> County		MARYLAND	
Date of death	<i>1909</i>	Month <i>Nov</i>	Day <i>13</i>	Years <i>22</i>	Months <i>1</i> Days <i>15</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Md.</i>		
Occupation <i>none</i>	Where Residing if not at place of death <i>Cape Charles, Va.</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Zadok J. Gibbs</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Mary B. Ball</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>Mary B. Gibbs</i>	How related to deceased <i>Mother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>40 days</i>
Immediate <i>Exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. M. Milner</i>
	Address <i>Sumner City</i>
Accident or Suicide? <i>✓</i>	



Name
in
Full

Dallia J. Hardy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *near Crisfield* County *Somerset* **MARYLAND**

Died at *near Crisfield*

Date of death 1909 *Feb* Month *18* Day Age *35* Years Months *-* Days *-*

Sex *Female* Color or Race *Black* Birth-place *md*

Occupation *Handwork* Where Residing if not at place of death *-*

Married, Single or Widowed *single* Name of Wife or Husband *-*

Father's Name *Kellum Hardy* Father's Birthplace *md*

Mother's Maiden Name *Andella Hardy* Mother's Birthplace *md*

Name of person giving Information *Andella Hardy* How related to deceased *mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

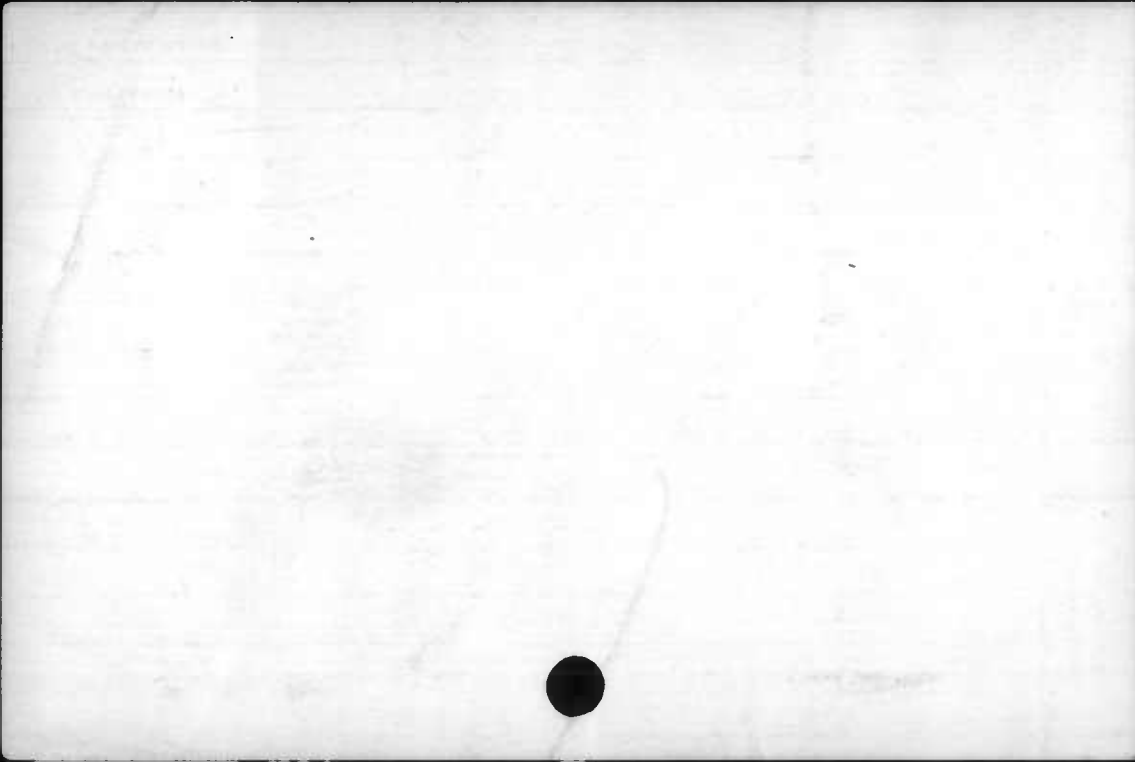
Primary *Typhoid Fever* How long *2 weeks*

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W F Hall* Address *W F Hall Crisfield*

Accident or Suicide *no*



Name
in
Full

Emma W. Horner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Deal's Island Town Somerset County

Date of death 1909 Nov 3rd Age 3 Months 10 Days 11

Sex Female Color or Race White Birth-place Deal's Island Somerset County.

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name George D. Horner

Father's Birthplace Somerset Maryland.

Mother's Maiden Name Ella Webster

Mother's Birthplace Deal's Island Som. Co. Md.

Name of person giving information Mrs Ella Horner

How related to deceased Mother

CAUSES OF DEATH

How long

2 weeks.

How long

4 days.

Primary Immediate

Diphtheria
Toxæmia

Are the name, age, sex, color, date and place correctly given above?

Probably

Signature of Physician

Address

W. G. Alexander
Somerset Co.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Infant Child " Jones*

Town *Deals Island* County *Somerset*

Died at *Deals Island* MARYLAND

Date of death 1909 Month *Nov* Day *28* Age *-* Years Months Days *6*

Sex *Male* Color or Race *Colored* Birth-place *Somerset Co.*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *Thomas E. Jones* Father's Birthplace *Somerset Co. Md.*

Mother's Maiden Name *Louisa Anderson* Mother's Birthplace *Somerset Co. Md.*

Name of person giving Information *Thomas E. Jones* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Came before it's time* How long *6 days*

Immediate *Apoplexy* How long *2 hours*

Are the name, age, sex, color, data and place correctly given above? ☒

Signature of Physician *Geo. B. Farmer* Address *Sub Registrar Deals Island Md.*

Accident or Suicide ☒

151



Name
in
Full

Mary B. Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town *W. H. Friesen*

County

Somerset

MARYLAND

Date
of death

1909 Nov

Day

17

Age

Years

19

Months

Days

Sex

Female

Color or
Race

Colored

Birth
place

Somerset Co

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

-

Father's
Name

Martin Jones

Father's
Birthplace

Somerset Co

Mother's
Maiden Name

Augustora Jones

Mother's
Birthplace

Somerset Co

Name of person giving
Information

Augustora Jones

How related
to deceased

Mother

CAUSES OF DEATH

106

Primary

Gastric Enteritis

How long

How long

4 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

*H. A. Barnes, M.D.
Rising Sun, Md.
G. T. D. No. 2.*

Accident or Suicide

PHYSICIAN
OR CORONER



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name In Full <i>Ethel Rodman Mason</i>		Town <i>Leicester</i>		County <i>Dorchester</i>		MARYLAND					
Died at <i>Leicester</i>		Month <i>Nov</i>		Day <i>27</i>		Years <i>5</i>		Months <i>4</i>		Days	
Date of death <i>1909</i>		Month <i>Nov</i>		Day <i>27</i>		Age <i>5</i>		Months <i>4</i>		Days	
Sex <i>Female</i>		Color of Race <i>white</i>		Birth- place <i>N.Y.</i>							
Occupation <i>✓</i>				Where Residing if not at place of death <i>✓</i>							
Married, Single or Widowed <i>✓</i>				Name of Wife or Husband <i>✓</i>							
Father's Name <i>Mr. Alfred Mason</i>				Father's Birthplace <i>N.Y.</i>							
Mother's Maiden Name <i>May H. Jones</i>				Mother's Birthplace <i>N.Y.</i>							
Name of person giving In formation <i>Mr. Alfred Mason</i>				How related to deceased <i>Father</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enteric Fever</i>		How long <i>105</i>	
Immediate <i>Exhaustion</i>		How long <i>3 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. Wilson</i>	
		Address <i>Leicester City</i>	
Accident or Suicide? <i>✓</i>			

Mr. Suckutae.

Name
in
Full

Leah E. Moiles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
1899		Month		Day		Years	
Date of death		1909		Nov		22	
Age		64		Months		10	
Sex		female		Color or Race		white	
Occupation		housewife		Birth-place		Fairmount	
Married, Single or Widowed		married		Name of Wife or Husband		D. W. Moiles	
Father's Name		Edward Hall		Father's Birthplace		do not know	
Mother's Maiden Name		Sarah S. Hall		Mother's Birthplace		do not know	
Name of person giving Information		Husband, D. W. Moiles		How related to deceased		Husband	

CAUSES OF DEATH

27

Primary	Pulmonary Tuberculosis	How long	one yr. 6 mos.
Immediate	heart failure	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		G. W. Bill	
Address		Manokin Md.	
Accident or Suicide			

PHYSICIAN
OR CORONER

No permit was granted for the burial
of the deceased - none was asked for.

Died 22^d Buried 24th
Cer. of death sent in 29th

11/29-09.

Name
in
Full

Irene Kitson Palmatory

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Princess Anne ^{County} Somerset - MARYLAND

Date of death 1909- ^{Month} November ^{Day} 20th ^{Years} 81 ^{Months} 20 ^{Days} 1-

Sex Female ^{Color or Race} White ^{Birth-place} Virginia

Occupation None ^{Where Residing if not at place of death}

Married, Single or Widowed Widow ^{Name of ~~Wife~~ Husband} Geo. H. Palmatory (Dead)

Father's Name Chas. Bagwell ^{Father's Birthplace} Virginia

Mother's Maiden Name Elizabeth Taylor ^{Mother's Birthplace} Virginia

Name of person giving Information Jennie Palmatory ^{How related to deceased} Daughter.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

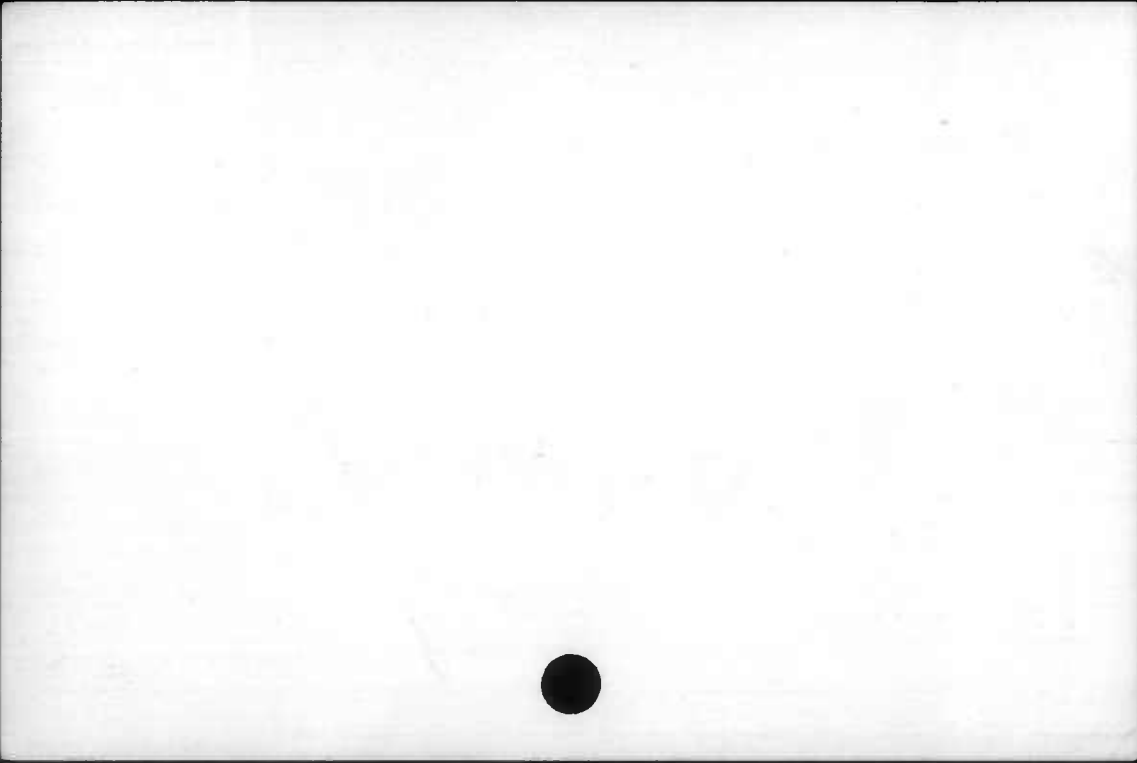
Primary Cerebral Hemorrhage ^{How long} 7 weeks

Immediate Oedema of lungs. ^{How long} 1 day.

Are the name, age, sex, color, date and place correctly given above? *yes* ^{Signature of Physician} Chas. J. Fisher M.D.

^{Address} Princess Anne Md.

Accident or Suicide *No.*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Hope Riggins
Hopewell

County

Somerset

MARYLAND

Date
of death

1909

Month

Nov.

Day

20

Age

Years

48

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Hopewell

Occupation

Farmer

Where Residing if not
at place of death

"

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Obed Riggins

Father's
Birthplace

Hopewell

Mother's
Maiden Name

Harriet "

Mother's
Birthplace

"

Name of person giving
Information

H. F. Riggins

How related
to deceased

Nephew

CAUSES OF DEATH

66

Primary

Paralysis

How long

2 yrs

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. F. Somers
Crossfield Md

Accident or Suicide

No



Name
in
Full

Lee T. Roberts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Danvers Town Somerset County MARYLAND

Date of death 1909 Nov. Month 14th Day Age 5- Years Months Days

Sex Male Color or Race Colored Birth-place Som. Co.

Occupation - Where Residing if not at place of death -

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Granville Roberts

Father's
Birthplace

Som. Co.

Mother's
Maiden Name

Julia Jones

Mother's
Birthplace

Som. Co.

Name of person giving
Information

Sidney Jones

How related
to deceased

Grandfather

CAUSES OF DEATH

Primary

Tuberculosis

How long

27
2 mos.

Immediate

Asthma

How long

-

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

S. J. Windsor, M.D.

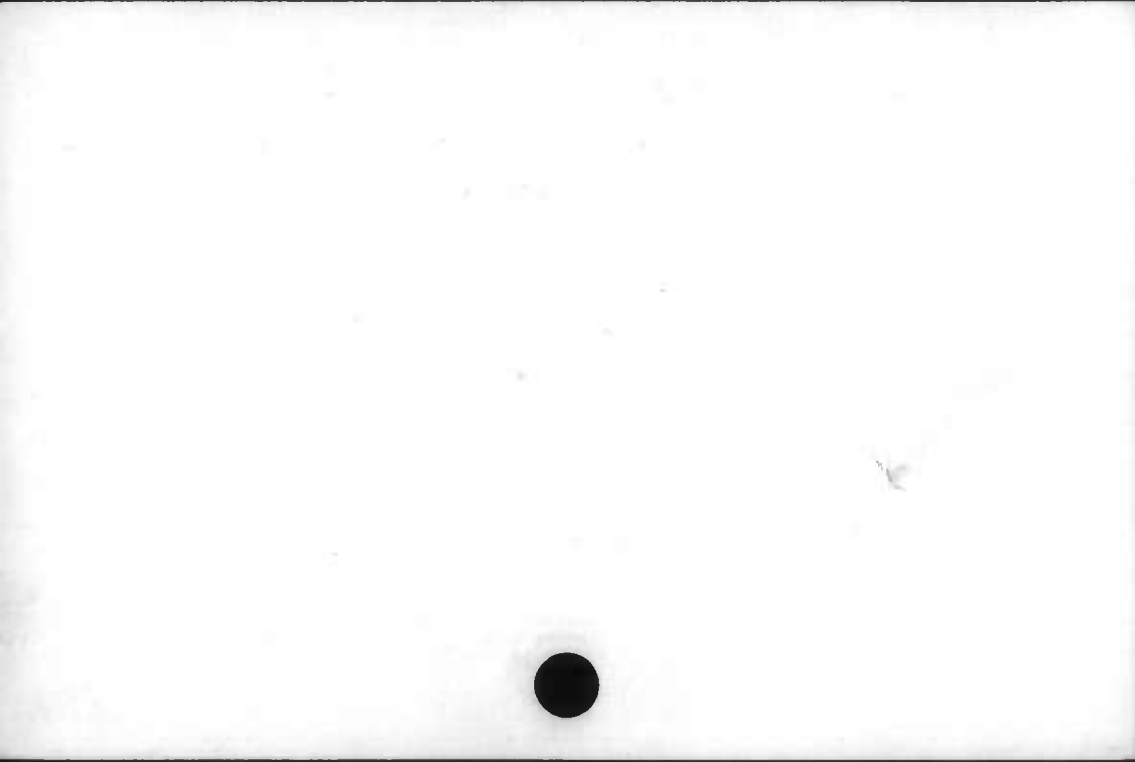
Danvers Charter

Som. Co., Md.

Accident or Suicide

no

PHYSICIAN
OR CORONER



Name
in
Full

Not named Roberts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

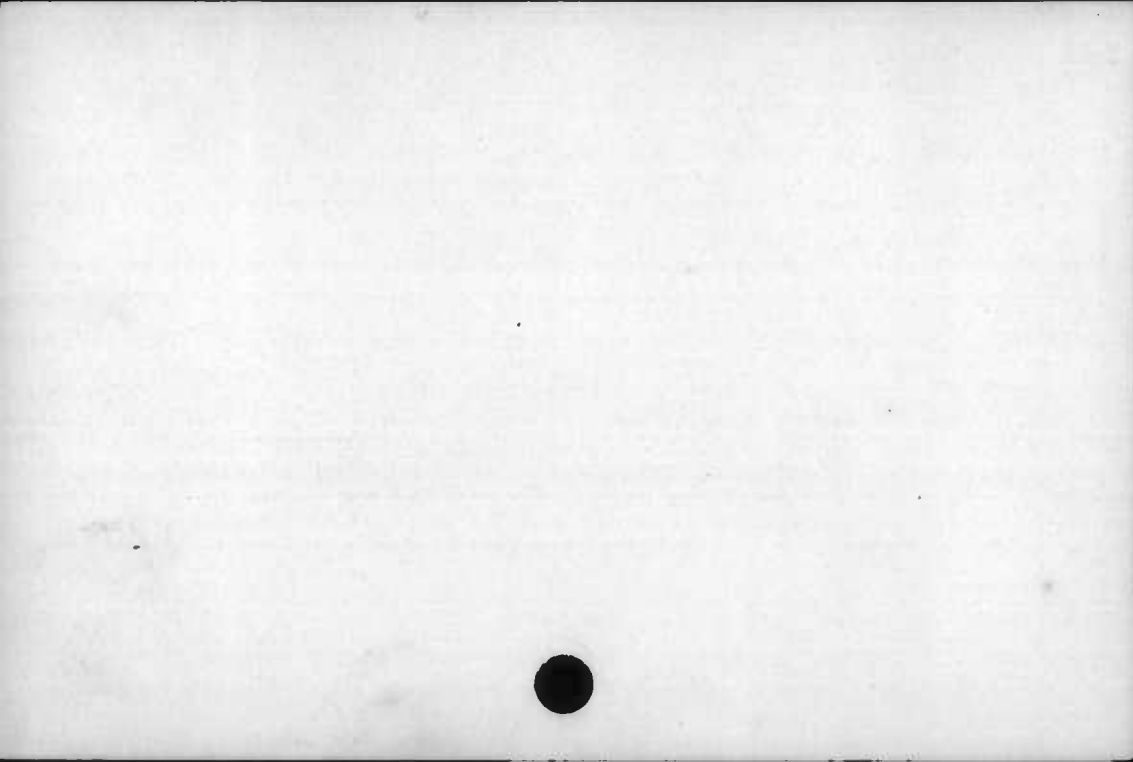
Died at <u>James Quarter</u> ^{Town}		<u>Sumner</u> ^{County}		MARYLAND	
Date of death	1909	Month	Nov.	Day	5 th
Age		Years		Months	11 days
Sex	-	Color or Race	Colored		Birth-place
Occupation		<u>L</u>			
Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<u>Julius Roberts</u>		Father's Birthplace	
Mother's Maiden Name		<u>Hazlett Roberts</u>		Mother's Birthplace	
Name of person giving information		<u>Perfection Roberts</u>		How related to deceased	
				Grand-father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Sick from birth</u>	How long	<u>L</u>
Immediate	<u>-</u>	How long	<u>-</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>W. J. McLaughlin</u>
		Address	<u>James Quarter</u>
Accident or Suicide?	<u>No</u>		<u>Sumner Co., Md.</u>

151



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Lillian Sterling
Town *Lawsonia* County *Somerset*

Died at *Lawsonia* MARYLAND

Date of death 190 *9* Month *11* Day *26* Age *37* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Lawsonia*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Cope Sterling*

Father's Name *Reese Sterling* Father's Birthplace *Lawsonia*

Mother's Maiden Name *May Dougherty* Mother's Birthplace *Hopewell Va*

Name of person giving Information *D. S. Lawson* How related to deceased *Tru*

CAUSES OF DEATH

Primary *Pulmonary Consumption* How long *27* 6 months

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *M. J. Hall* Address *Crifield Va*

Accident or Suicida *—*

PHYSICIAN
OR CORONER



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Viola W Sterling
 Died at *Crisfield* ^{Town} *Somerset* ^{County} **MARYLAND**
 Date of death 1909 ^{Month} 11 ^{Day} 21 ^{Years} Age 16 ^{Months} 4 ^{Days} 16
 Sex *Female* Color or Race *Black* Birth-place *Crisfield Md*
 Occupation *School* Where Residing if not at place of death *—*
 Married, Single or Widowed *Single* Name of Wife or Husband *—*
 Father's Name *Albert Sterling* Father's Birthplace *Crisfield*
 Mother's Maiden Name *Sedonia Stacey* Mother's Birthplace *Crisfield*
 Name of person giving Information *Mother* How related to deceased *Mother*

CAUSES OF DEATH

Primary *Typhoid Fever* ^{How long} *23 days*
 Immediate *—* ^{How long} *—*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

H. H. Hall
Crisfield Md

Accident or Suicide

*No*PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Princess Anne

Town

Somerset

County

MARYLAND

Date

of death 1909

Month

Nov.

Day

30

Age

Years

85

Months

11

Days

15

Sex

Female

Color or
Race

White

Birth-
place

Epping, N. H.

Occupation

Had been invalid for 20 years

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
HusbandFather's
Name

Thomas Calby

Father's
Birthplace

N. H.

Mother's
Maiden Name

Abigail Kendricks

Mother's
Birthplace

N. H.

Name of person giving
In formation

Louise S. Weaver

How related
to deceased

CAUSES OF DEATH

Primary

Senile Debility

How long

Immediate

Asthma

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. J. Smith
Princess Anne Md

Accident or Suicide?

Received

Aug 5, 1913

Bureau V.S.

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at

Pinecrest

Annapolis

Date

of death

1904 Nov.

Month

Day

30

Age

Years

85

Months

11

Days

15

Sex

female

Color or
Race

white

Birth-
place

Epping N.H.

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Widow

Name of Wife or
Husband

Harry Stevens

Father's
Name

Thomas Coleby

Father's
Birthplace

N.H.

Mother's
Maiden Name

Margaret Grunduch

Mother's
Birthplace

N.H.

Name of parson giving
Information

Charles H. Mason

How related
to deceased

Son in law

CAUSES OF DEATH

154

Primary

Senile Debility

How long

10 days

Immediate

Asthma

How long

3 "

Are the name, age, sex, color, date
and place correctly given above?

yes

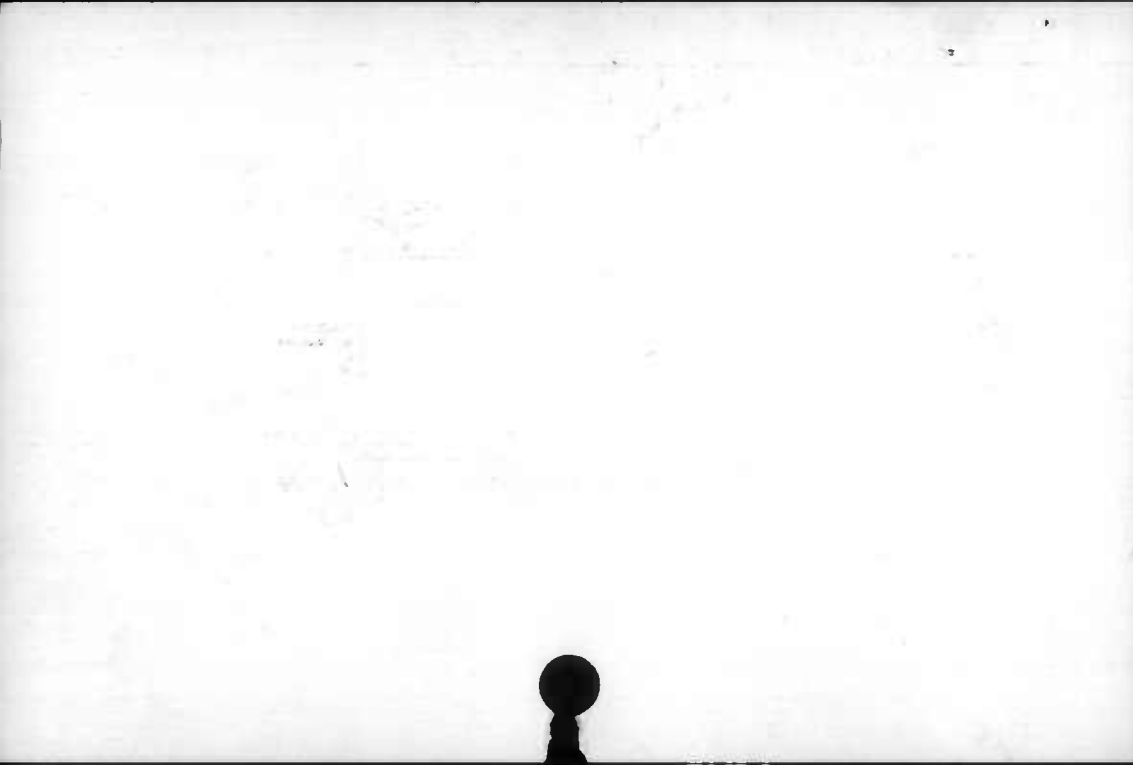
Signature of
Physician

Address

J. Smith
Dr. Annand

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Bertie Marie

Swift

CERTIFICATE OF DEATH

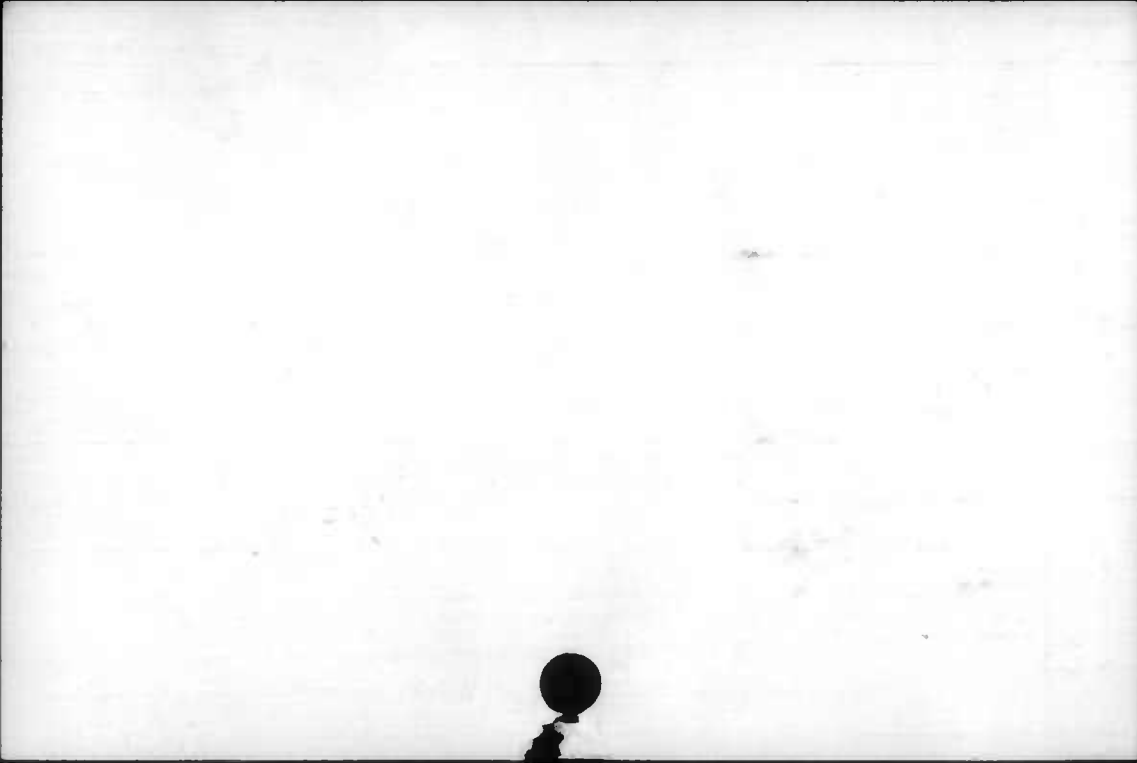
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hosford</u> <small>Town</small>		<u>Somerset</u> <small>County</small>		MARYLAND	
Date of death 190 <u>9</u> <small>Month</small> <u>Nov.</u> <small>Day</small>		Age <u>26</u> <small>Years</small>		<u>2</u> <small>Months</small> <u>1</u> <small>Days</small>	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Hosford Md.</u>			
Occupation <u>Infant</u>	Where Residing if not at place of death <u> </u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u> </u>				
Father's Name <u>Best Hastings</u>		Father's Birthplace <u>Somerset Co</u>			
Mother's Maiden Name <u>Fannie Swift</u>		Mother's Birthplace <u>Somerset Co</u>			
Name of person giving Information <u>Herman Swift</u>		How related to deceased <u>Uncle</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Infection</u>	<u>15</u> <small>How long</small>	<u>All its life</u>
Immediate <u>General Exhaustion</u>	<u>177</u> <small>How long</small>	<u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr J. B. Allen</u>	
	Address <u>Marion Md</u>	
Accident or Suicide <u>No</u>		



Name
in
Full

CERTIFICATE OF DEATH

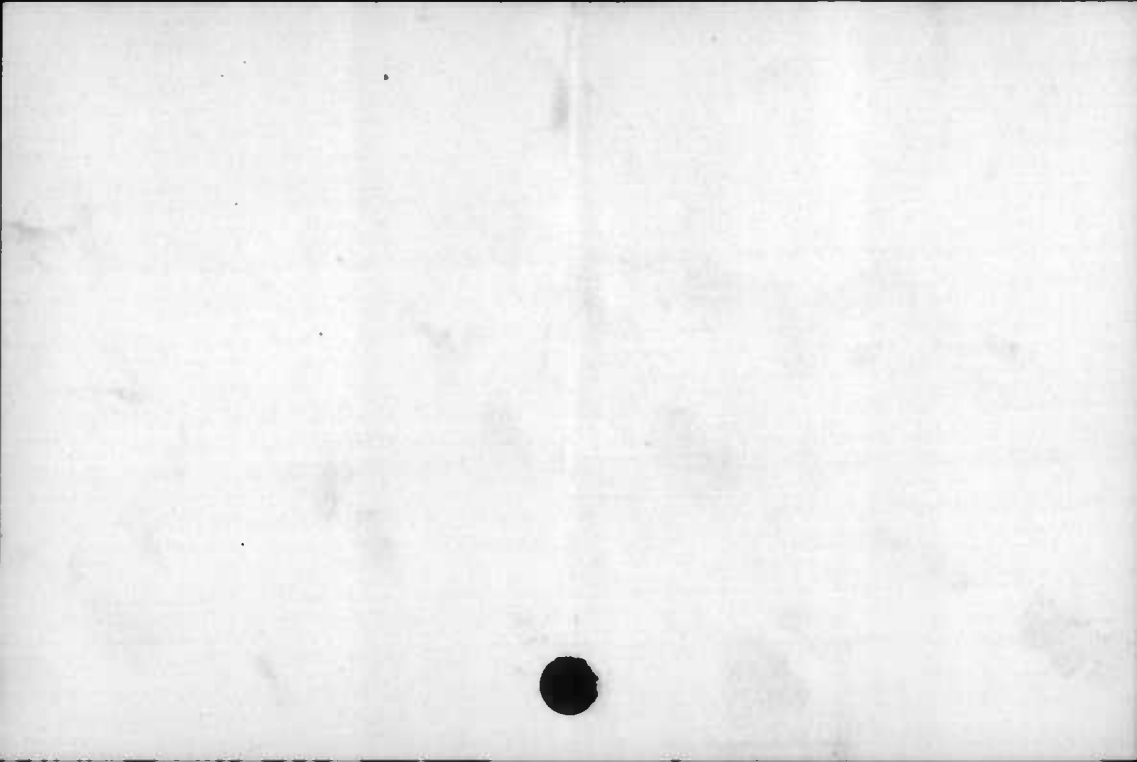
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full George W. Furpin		County Somerset		MARYLAND	
Died at Upper Fairmount		Town Fairmount		State MARYLAND	
Date of death 1909 Nov 9		Month Nov		Day 9	
Sex Male		Color or Race Black		Age 10	
Occupation None		Birth-place Somerset Co		Months —	
Where Residing if not at place of death —		Days —			
Married, Single or Widowed Single		Name of Wife or Husband —			
Father's Name John		Father's Birthplace Somerset Co			
Mother's Maiden Name Annie Maddox		Mother's Birthplace Somerset			
Name of person giving information John Furpin		How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pneumonia	How long 3 weeks
Immediate Heart Failure	How long A few minutes
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician G. E. Dickinson
	Address Fairmount Md
Accident or Suicide? —	



Name
in
Full

Marie Tyler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Chancel Town Somerset County **MARYLAND**

Date of death 190 9 Nov. Month Day Years Age 9 Months Days

Sex Female Color or Race White Birth-place Som. Co.

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Joseph Tyler Father's Birthplace Som. Co.

Mother's Maiden Name Annie Kelly Mother's Birthplace Som. Co.

Name of person giving Information Annie Tyler How related to deceased Mother

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary Diphtheria How long 1 day

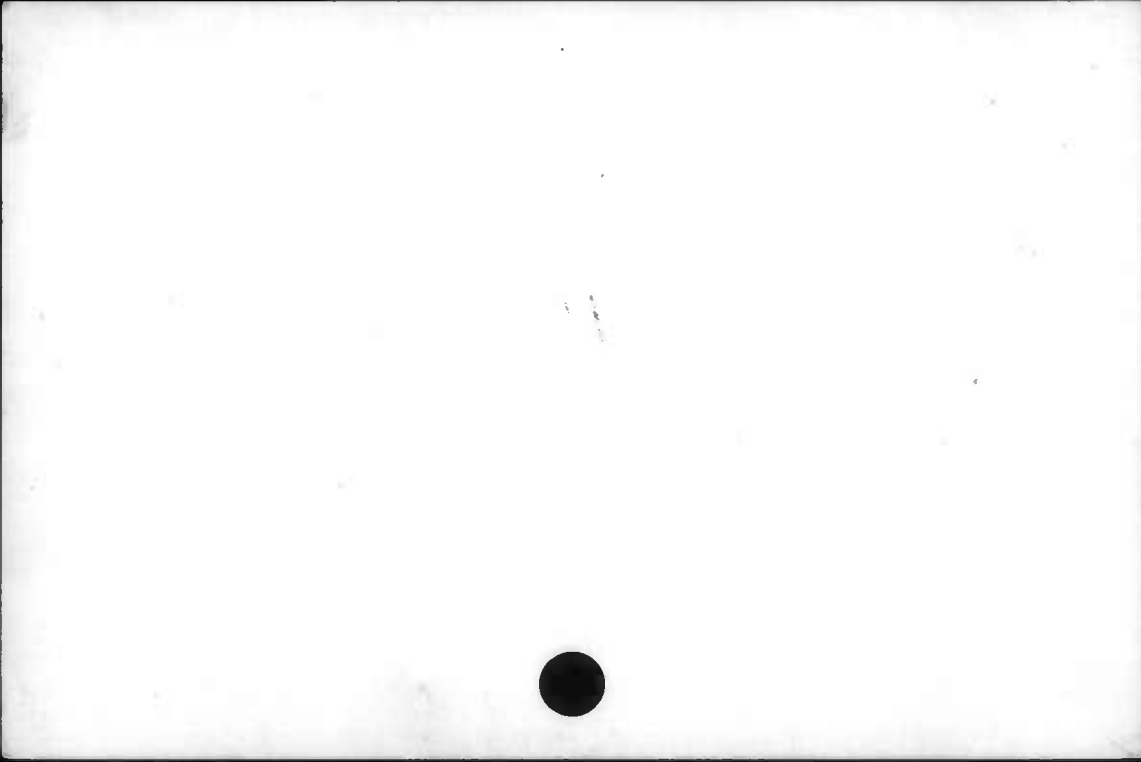
Immediate Laryngeal Stenosis How long —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician S. J. Winters

Address Somerset Co., Md.

Accident or Suicide no



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Henry U Ward

Town *Cirfield* County *Somerset* MARYLAND

Died at *Cirfield*

Date of death 190 *9* / *11* / *18* Age *71* Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Hopewell Pa*

Occupation *Farmer* Where Residing if not at place of death *—*

Married, Single or Widowed *Widower* Name of Wife or Husband *Anne Ward*

Father's Name *William Ward* Father's Birthplace *Hopewell Pa*

Mother's Maiden Name *Winkler* Mother's Birthplace *—*

Name of person giving information *—* How related to deceased *—*

CAUSES OF DEATH

Primary *Chronic Diarrhoea* How long *20 years*

Immediate *Per operi* How long *Two weeks*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W H Hall* Address *Cirfield Pa*

Accident or Suicide *—*

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Otis Ward

Town

Crisfield

County

Somerset

MARYLAND

Date

of death

1909

Month

11

Day

2

Age

Years

9

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Crisfield Md

Occupation

School.

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Edward Ward

Father's
Birthplace

Crisfield Md

Mother's
Maiden Name

Sallie Dye

Mother's
Birthplace

Crisfield Md

Name of person giving
Information

Parents

How related
to deceased

L

CAUSES OF DEATH

108

✓

Primary

Obstruction of bowels

How long

4 years

Immediate

Swell from laparotomy

How long

2 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

W. F. Hall

Address

Crisfield Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Eva J. Webster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

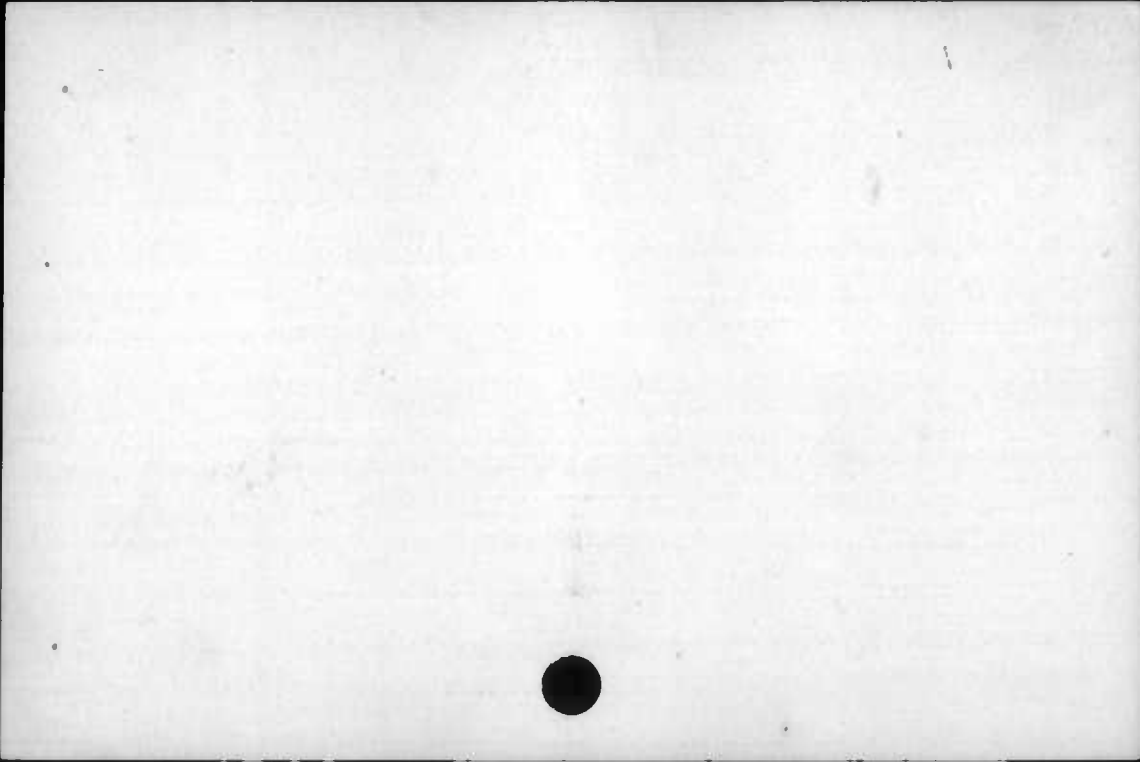
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		Nov.	7th	Age	31		
Sex	Female	Color or Race	White	Birth-place	Somers Co.		
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married			Name of Wife or Husband			
Daniel Webster							
Father's Name	Thos. Brown			Father's Birthplace	Somers Co.		
Mother's Maiden Name	Melissa Webster			Mother's Birthplace	Somers Co.		
Name of person giving information	Daniel Webster			How related to deceased	Husband		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	3 mos.
Immediate	Asthma	How long	—
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	L. J. Webster, M.D.
		Address	Somers Co., Md.
Accident or Suicide?	no		



Name
in
Full

Annie Maria White

CERTIFICATE OF DEATH

Town

County

Died at

Habuah

Doverest

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1909

Nov

26

Age

16

Sex

Female

Color or
Race

Colored

Birth-
place

Md.

Occupation

Housework

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Isaac White

Father's
Birthplace

Md.

Mother's
Maiden Name

Betsey Smith

Mother's
Birthplace

Md.

Name of person giving
In formation

Isaac White

How related
to deceased

Bro

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

Unknown.

Immediate

Pneumonia

How long

Several days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

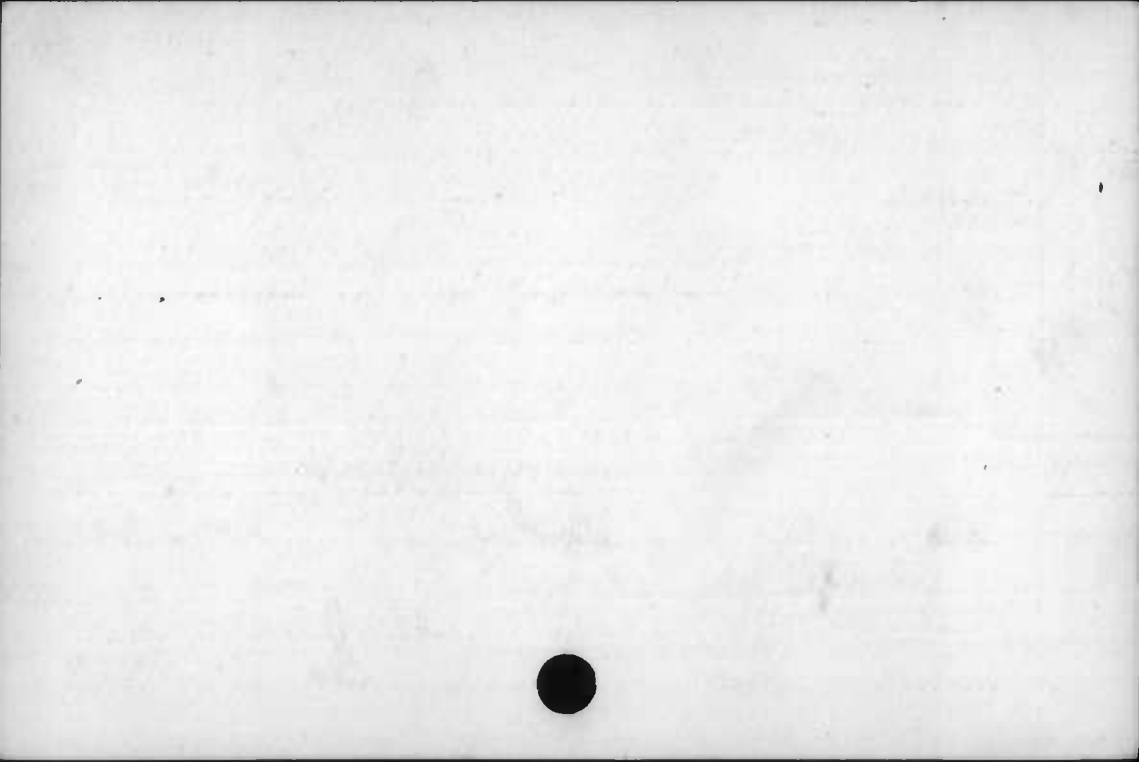
Chas. Fisher M.D.

Address

Pomona Ave, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Annice Maria White

CERTIFICATE OF DEATH

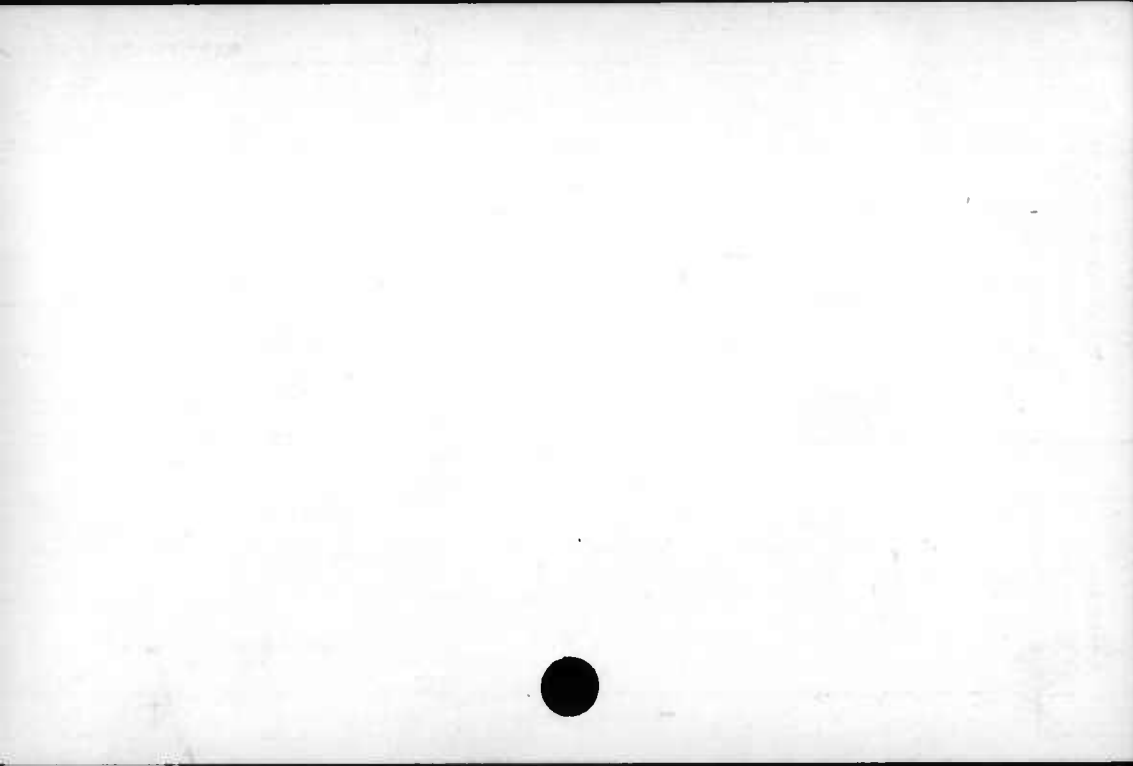
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Habnab</i> ^{Town}		<i>Somerus</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	<i>November</i> ^{Month}	<i>27th</i> ^{Day}	Age <i>16</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Habnab Md.</i>		
Occupation <i>School girl</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>James White</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Betsy Smith</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving Information <i>Gus White</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>78</i> <i>months</i>
Immediate <i>Exhaustion from Asthma</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>Chas. J. Fisher M.D.</i>
<i>D</i> Accident or Suicide <i>No.</i>	Address <i>Princes Avenue</i> <i>Md.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Herron		County Somerset		MARYLAND	
Date of death 190		Month 9	Day 11	Age	Years 8	Months 7	Days 28
Sex Female		Color or Race White		Birth-place Somerset Co. Md			
Occupation				Where Residing If not at place of death Herron			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name W. D. Windsor		Father's Birthplace Deale Md					
Mother's Maiden Name Octavia White		Mother's Birthplace Herron					
Name of person giving Information Octavia Windsor		How related to deceased Mother					

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	Acute Indigestion (probable)	How long	2 or 3 days
Immediate	Rotter fed baby died suddenly and has not been seen by	How long	me for several days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician H. H. Alexander - 1	
Killed country, I think		Address Somerset Co.	
Accident or Suicide			

104

